

**Division of Developmental Disabilities Services (DDDS)  
Office of Training and Professional Development (TAPD)**

**CLASS REGISTRATION FORM**

<b>NAME</b>	<b>AGENCY</b>	<b>CLASS TITLE</b>	<b>DATE(S)</b>

**Submitted by:** \_\_\_\_\_ **(Phone)** \_\_\_\_\_

**Agency:** \_\_\_\_\_ **(Location)** \_\_\_\_\_

**RETURN FAX# of Person Submitting**

**(Needed to process request):** (       ) \_\_\_\_\_

**Kent/Sussex Registrations (no phone calls please):**

**SUBMIT TO :**

**Vikki Smith /FAX# 302-934-1944/ e-mail: Victoria.smith@state.de.us**

**New Castle / Fox Run Registrations (no phone calls please)**

**SUBMIT TO:**

**Mona Rowe /FAX# 302-836-2647/ e-mail: Ramona.rowe@state.de.us**